

PLEASE RETURN TO VICTIM UNIT
COBB COUNTY SOLICITOR GENERAL OFFICE
10 EAST PARK SQUARE SUITE 300
MARIETTA, GA 30090-9638
Phone: 770-528-8500

**GEORGIA VICTIM IMPACT STATEMENT
CRIMINAL TRESPASS DAMAGE**

State vs. _____
(Defendant's Name/Arrested Party)

Case/Warrant number: _____

Date crime occurred: _____

Information you give below may help the Prosecutor, Judge, and Probation office better understand how this crime has affected you. You may attach more sheets if necessary.

Victim's name: _____

Address: _____

City, State, Zip code: _____

Day Time Telephone number (s): _____

1. Were you the property owner? ☐ Yes ☐ No

If no, please provide the name, address and telephone numbers (work and home) of the owner as that individual will be added as the victim. _____

2. Provide detail information regarding the property that was damaged as a result of the incident to include description, serial numbers and receipts. _____

3. List total personal expense(s) with receipt(s) _____ List total amount paid by the insurance company with proof of payment(s) _____

The person, other than the victim completing this statement, must provide the following information.

Name _____ Relationship to victim _____

Phone Number _____

Reason victim did not complete the statement: _____

Please include copies of any receipts you have.

This statement is signed and affirmed as true under the penalties of perjury.

Signature _____ Date _____